

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 12/93)

See Instructions and *Privacy

Statement on Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME

Sandra Perez

SSAN OR EMPLOYEE NUMBER*

DEPARTMENT

DEPARTMENT OF MANAGED HEALTH CARE

POSITION

Director

CB/IDNO.

M01

DIVISION OR BUREAU

Office of the Patient Advocate

INDEX NUMBER

6000

RESIDENCE ADDRESS*

HEADQUARTERS ADDRESS

980 - 9th Street, Suite 500

TELEPHONE NUMBER

(916) 324-6407

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

Sacramento

CA

95814

| (1) MONTH / YEAR | | (3) LOCATION Where Expenses Were Incurred | (4) LODGING | (5) MEALS | | | (6) INCIDENTALS | (7) TRANSPORTATION | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY | | |
|-------------------------------|--------------------|---|-------------|------------|-------|--------------------------------------|-----------------|--------------------------|---------------------|-------------------|-------------------------|----------------------------------|-------------------------------------|---------|
| DATE | TIME | | | Break-fast | Lunch | O.T., LT, N/C, Relo. or Dinner | | (A) Cost of Trans. | (B) Type Used | Tolls, Parking | | | (D) Private Car Use Miles Amount | |
| April 2009 | | | | | | | | | | | | | | |
| 14-Apr | 8:30 am 1:30 pm | Sacramento | | | | | | | | 11.25 | 2 | 1.10 | \$12.35 | |
| | | | | | | | | | | | | | \$0.00 | |
| | | | | | | | | | | | | | \$0.00 | |
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| | | | | | | | | | | | | | \$0.00 | |
| | | | | | | | | | | | | | \$0.00 | |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 11.25 | 2 | 1.10 | 0.00 | \$12.35 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | \$ | 12.35 | |

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/14/2009 - PURPOSE: Attended the National Coalition on Health Care Reform meeting at CalPERS, Lincoln Plaza North, Sacramento.

(Parking at CalPERS; \$11.25)

(12) NORMAL WORK HOURS

0800 - 1700

(13) PRIVATE VEHICLE LICENSE #

4GNH186

(14) MILEAGE RATE CLAIMED

0.550

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK #

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/28/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE 9 (See Item 17 on reverse)

DATE